

Exhibit D

Locality: ALL
Precinct: ALL
District: ALL

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ELECTIONS
Cancellation - Declared Non-Citizen
059 - FAIRFAX COUNTY

Start Date: 01/01/2011
End Date: 03/20/2017

0919	REDACTED	REDACTED	3/27/2012	Declared Non-Citizen
0923	REDACTED	REDACTED	3/27/2012	Declared Non-Citizen

April 2012

PCT	Name Address	Registration ID	Cancel Date	Cancel Type
0105	REDACTED	REDACTED	4/23/2012	Declared Non-Citizen
0237	REDACTED	REDACTED	4/30/2012	Declared Non-Citizen

May 2012

PCT	Name Address	Registration ID	Cancel Date	Cancel Type
0106	REDACTED	REDACTED	5/8/2012	Declared Non-Citizen
0110	REDACTED	REDACTED	5/8/2012	Declared Non-Citizen
0115	REDACTED	REDACTED	5/3/2012	Declared Non-Citizen
0121	REDACTED	REDACTED	5/3/2012	Declared Non-Citizen
0123	REDACTED	REDACTED	5/3/2012	Declared Non-Citizen
0131	REDACTED	REDACTED	5/3/2012	Declared Non-Citizen
0209	REDACTED	REDACTED	5/8/2012	Declared Non-Citizen
0220	REDACTED	REDACTED	5/8/2012	Declared Non-Citizen
0226	REDACTED	REDACTED	5/3/2012	Declared Non-Citizen
0315	REDACTED	REDACTED	5/3/2012	Declared Non-Citizen
0321	BONILLA, ELIUD REDACTED	REDACTED	5/3/2012	Declared Non-Citizen

Locality: ALL
Precinct: ALL
District: ALL

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ELECTIONS
Cancellation - Declared Non-Citizen
153 - PRINCE WILLIAM COUNTY

Start Date: 01/01/2011
End Date: 03/20/2017

August 2015

PCT	Name Address	Registration ID	Cancel Date	Cancel Type
0201	REDACTED	REDACTED	8/12/2015	Declared Non-Citizen
0303	REDACTED	REDACTED	8/12/2015	Declared Non-Citizen
0402	REDACTED	REDACTED	8/12/2015	Declared Non-Citizen
0409	REDACTED	REDACTED	8/12/2015	Declared Non-Citizen
0504	FREEMAN, LUCIANIA C. REDACTED	REDACTED	8/12/2015	Declared Non-Citizen
0512	REDACTED	REDACTED	8/12/2015	Declared Non-Citizen
0601	REDACTED	REDACTED	8/12/2015	Declared Non-Citizen
0608	REDACTED	REDACTED	8/12/2015	Declared Non-Citizen

September 2015

PCT	Name Address	Registration ID	Cancel Date	Cancel Type
0110	REDACTED	REDACTED	9/22/2015	Declared Non-Citizen
0111	REDACTED	REDACTED	9/22/2015	Declared Non-Citizen
0207	REDACTED	REDACTED	9/21/2015	Declared Non-Citizen
0703	REDACTED	REDACTED	9/22/2015	Declared Non-Citizen

October 2015

PCT	Name Address	Registration ID	Cancel Date	Cancel Type
0201	REDACTED	REDACTED	10/29/2015	Declared Non-Citizen
0302	REDACTED	REDACTED	10/14/2015	Declared Non-Citizen

1 * Are you a citizen of the United States of America? ☒ YES ☐ NO

* Will you be at least 18 years of age on or before the next General Election day? ☒ YES ☐ NO

If you checked "NO" in response to either of these questions, do not complete this form.

☐ Male ☒ Female

Social Security Number: _____ Gender: _____ Date of Birth: _____

Daytime Telephone Number: **REDACTED**

* Last Name: ROSEN, JEANNE ANN E * First Name: SANZON * Suffix (Jr., Sr., III, Etc.): ☐ None ☐ None

3 * Residence (Permanent) Home Address: **REDACTED** Apt/Unit/Lot/Rm/Ste: _____ City/Town: _____ Zip Code: _____

If Rural Address or Homeless, please describe where you reside: _____ E-mail address: _____

Mailing Address (if different) / Virginia P.O. Box or Uniformed Service Address, if applicable (include Zip Code): _____ Name of City or County of Residence: **REDACTED** ☐ City or ☐ County

4 * Have you ever been convicted of a felony? ☐ YES ☒ NO State where convicted: _____

If YES, have your voting rights been restored? ☐ YES ☐ NO If YES, when restored? ☐ M ☐ M ☐ D ☐ D ☐ Y ☐ Y ☐ Y ☐ Y

5 * Have you ever been judged mentally incapacitated? ☐ YES ☒ NO

If YES, has court restored you to capacity? ☐ YES ☐ NO If YES, when restored? ☐ M ☐ M ☐ D ☐ D ☐ Y ☐ Y ☐ Y ☐ Y

6 Registration Statement: I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7 below) of my current registration and I have read the Privacy Act Notice above.

* Signature (or mark if unable to sign): Jeannette Rosen **REDACTED**

09-18-2013 0402

If applicant is unable to sign due to a physical disability, write the name/address of person who assisted. (Required)

☐ ☐ ☐ Protected Voter Code if applicable. See above.

☐ I'm interested in being an Election Official on Election Day. Please send me information.

RECEIVED SEP 18 2013

1 * Are you a citizen of the United States of America? ☒ YES ☐ NO

* Will you be at least 18 years of age on or before the next General Election day? ☒ YES ☐ NO

If you checked "NO" in response to either of these questions, do not complete this form.

Male ☐ Female ☒

Social Security Number _____ Gender _____ Date of Birth _____

Daytime Telephone Number _____

2 * Last Name FOCHT-ABBY-LEE * First Name Abby * Full Middle or Maiden Name Sharpe ☐ None ☐ None

* Suffix (Jr., Sr., III, Etc.) _____

3 * Residence (Permanent) Home Address _____ Apt./Unit/Lot/Rm/Ste _____ City/Town _____ Zip Code _____

If Rural Address or Homeless, please describe where you reside _____ E-mail address _____

Mailing Address (if different) / Virginia P.O. Box or Uniformed Service Address, if applicable (include Zip Code) _____ ☐ City or ☐ County _____

Name of City or County of Residence _____

4 * Have you ever been convicted of a felony? ☐ YES ☒ NO State where convicted _____

If YES, have your voting rights been restored? ☐ YES ☐ NO If YES, when restored? _____

5 * Have you ever been judged mentally incapacitated? ☐ YES ☒ NO

If YES, has court restored you to capacity? ☐ YES ☐ NO If YES, when restored? _____

6 Registration Statement: I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7 below) of my current registration and I have read the Privacy Act Notice above.

* Signature (or mark if unable to sign) [Signature] 03/24/2012

If applicant is unable to sign due to a physical disability, write the name/address of person who assisted. (Required) ☐ Check/describe if you have a disability that requires accommodation in order to vote

☐ I'm interested in being an Election Official on Election Day. Please send me information.

You may request that your home address not be released if you or member of your household are: a) active or retired law enforcement, or b) have been granted a protective court order, or c) are in fear of your personal safety from someone who has threatened or stalked you and have filed a complaint against that person with a magistrate or law enforcement. (must attach copy of complaint) or d) participate in the Address Confidentiality Program. You must show a Virginia P.O. box under mailing address in Box 3 above.

☐ Law Enforcement ☐ Protective Order ☐ Threatened/Stalked ☐ Address Confidentiality Program

OFFICE USE ONLY		OFFICE USE ONLY		OFFICE USE ONLY	
NEW LAST NAME		NEW FIRST, MIDDLE/MAIDEN NAME AND SUFFIX		DATE CHANGED	
OTHER CHANGES		NEW PCT		AUTHORIZED BY	
				DATE CHANGED	
<input type="checkbox"/> DECEASED _____ <input type="checkbox"/> OUT OF STATE _____ <input type="checkbox"/> PERSONAL REQUEST _____ <input type="checkbox"/> CONVICTED OF A FELONY _____		<input type="checkbox"/> JUDGED INCAPACITATED _____ <input type="checkbox"/> ERROR DELETED _____ <input type="checkbox"/> NVRA PURGE _____		<input type="checkbox"/> TRANSFERRED OUT _____ <input checked="" type="checkbox"/> RE-REGISTERED <u>6-13-14</u> <input type="checkbox"/> INACTIVE STATUS <u>w/ name cny</u> <input type="checkbox"/> REACTIVATED <u>signature</u> <u>Removed</u> <u>6-25-14</u>	
NOTES:					

1	*Are you a citizen of the United States of America? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	*Will you be at least 18 years of age on or before the next General Election day? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	If you checked "NO" in response to either of these questions, do not complete this form.
2	*Social Security Number <u>Bonilla</u>	*Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <u>Eliud</u>	*Date of Birth <u>REDACTED</u> Daytime Telephone Number <input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> None
	*Last Name	*First Name	*Full Middle or Maiden Name *Suffix (Jr., Sr., III, Etc.)
3	*Residence (Permanent) Home Address <u>REDACTED</u> Apt/Unit/Lot/Rm/Ste City/Town Zip Code		
	If Rural Address or Homeless, please describe where you reside		E-mail address <u>REDACTED</u>
	Mailing Address (If different)/ Virginia P.O. Box or Uniformed Service Address, if applicable (include Zip Code)		<input type="checkbox"/> City or <input checked="" type="checkbox"/> County Name of City or County of Residence
4	*Have you ever been convicted of a felony? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO State where convicted		
	If YES, have your voting rights been restored? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, when restored?		
5	*Have you ever been judged mentally incapacitated? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
	If YES, has court restored you to capacity? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, when restored?		
6	Registration Statement: I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7 below) of my current registration and I have read the Privacy Act Notice on the front of this form.		
	*Signature (or mark if unable to sign) <u>Eliud Bonilla</u> <u>092412</u>		<u>08/31/2012</u>
	If applicant is unable to sign due to a physical disability, write the name/address of person who assisted. (Required). <input type="checkbox"/> Check/describe if you have a disability that requires accommodation in order to vote.		
	<input type="checkbox"/> I'm Interested in being an Election Official on Election Day. Please send me information.	You may request that your home address not be released if you or member of your household (a) are active or retired law enforcement, or (b) have been granted a protective court order, (c) are in fear of your personal safety from someone who has threatened or stalked you and have filed a complaint against that person with a magistrate or law enforcement (must attach copy of complaint), or (d) participate in the Address Confidentiality Program. You must show a Virginia P.O. box under mailing address in Box 3 above. <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Protective Order <input type="checkbox"/> Threatened/Stalked <input type="checkbox"/> Address Confidentiality Program	

1	*Are you a citizen of the United States of America? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	*Will you be at least 18 years of age on or before the next General Election day? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	If you checked "NO" in response to either of these questions, do not complete this form.
2	<div style="background-color: gray; width: 150px; height: 30px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female REDACTED </div> <div style="display: flex; justify-content: space-between;"> *Gender *Date of Birth Daytime Telephone Number </div>	<div style="display: flex; justify-content: space-between;"> Freeman Luciania Clurice <input type="checkbox"/> None <input checked="" type="checkbox"/> Nor </div> <div style="display: flex; justify-content: space-between;"> *Last Name *First Name *Full Middle or Maiden Name *Suffix (Jr., Sr., III, Etc.) </div>	
3	<div style="text-align: center; background-color: gray; padding: 5px;">REDACTED</div> <div style="display: flex; justify-content: space-between;"> *Residence (Permanent) Home Address Apt/Unit/Lot/Rm/Ste City/Town Zip Code </div> <div style="display: flex; justify-content: space-between;"> If Rural Address or Homeless, please describe where you reside E-mail address </div> <div style="text-align: center; background-color: gray; padding: 5px;">REDACTED</div> <div style="display: flex; justify-content: space-between;"> Mailing Address (If different) Virginia P.O.Box or Uniformed Service Address, if applicable (include Zip Code) <input type="checkbox"/> City or <input checked="" type="checkbox"/> County </div> <div style="display: flex; justify-content: space-between;"> Name of City or County of Residence </div>		
4	*Have you ever been convicted of a felony? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO State where convicted _____ If YES, have your voting rights been restored? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, when restored? M M D D Y Y Y Y		
5	*Have you ever been judged mentally incapacitated? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, has court restored you to capacity? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, when restored? M M D D Y Y Y Y		
6	Registration Statement: I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7 below) of my current registration and I have read the Privacy Act Notice on the front of this form.		
<div style="display: flex; align-items: center;"> <div style="font-size: 2em; margin-right: 10px;">→</div> <div> *Signature (or mark if unable to sign) <u><i>Luciania Freeman</i></u> 09/19/2008 SEP 26 2008 </div> </div>			
If applicant is unable to sign due to a physical disability, write the name/address of person who assisted. (Required). <input type="checkbox"/> Check/describe if you have a disability that requires accommodation in order to sign.			
<input type="checkbox"/> I'm interested in being an Election Official on Election Day. Please send me information.		You may request that your home address not be released if you (a) are active or retired law enforcement, or (b) have been granted a protective court order, or (c) are in of your personal safety from someone who has threatened or stalked you and have filed a complaint against that person with a magistrate or law enforcement (must attach copy of complaint). You must show a Virginia P.D. box under mailing address in Box 3 above. <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Protective Order <input type="checkbox"/> Threatened/Stalked	

CANCELLED DECLARED NON CITIZEN AUG 12 2015